

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2019
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NAME OF PROVIDER OR SUPPLIER LUNSFORD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 207 LAKE VIEW DRIVE MARION, NC 28752
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 2/7/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure prescription drugs were available to be administered as ordered by the physician for 1 of 2 sampled clients (#1). The findings are:</p> <p>Observation on 2/7/19 at 1:30pm of the medications for Client #1 revealed: -Glucogen Hypokit 1mg as needed per directions, expired 12/2018. -ProAir 90mcg Inhaler, 2 puffs as needed as directed, expired 12/2018.</p> <p>Review on 2/7/19 of the record for Client #1 revealed: -Admission date of 3/10/14 with diagnoses of Diabetes, Emphysema, Mild Intellectual Development Disability, Major Depression, Borderline Personality Disorder, Schizoaffective Disorder, Allergic Rhinitis, Hypertension, Hyperlipidemia and Hypokalemia. -Physician orders dated 11/18/18 for Glucogen Hypokit 1mg as needed per directions and ProAir 90mg Inhaler 2 puffs as needed per directions.</p> <p>Review on 2/7/19 of the MAR for November 2018, December 2018, January 2019 and February 2019 for Client #1 revealed: -The Glucogen Hypokit or ProAir inhaler had not been administered.</p> <p>Interview on 2/7/19 with Client #1 revealed -She received her medications as ordered.</p>	V 118		

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V 118	Continued From page 2 Interview on 2/7/19 with the Alternative Living Family (AFL) provider revealed: -She did not realized the medications were expired. -Both medications were used as needed and Client #1 had not used these two medications in a long time. -She should have checked the medications to ensure they were current. -She would re-order the medications from the pharmacy.	V 118		